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June 23, 2004

VIA FACSIMILE

Mail Stop AMENDMENT Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United Sates Postal Service with sufficient postage for First class or Express mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO. Group Art Unit 2666, (703) 872-9306 on the date indicated below:

Date: June 23, 2004

Name: Jacqueline Wilson

Signature Jacquelene Welson

Re:

Patent Application for:

"Method and an Arrangement Relating to Mobile Radio Systems with the

Possibility of Switching Channel Coding Schemes"

Serial No. 09/672,007

Attorney Docket No. P12030-US1

Dear Sir or Madam:

Enclosed for filing please find the following items relating to the above-identified application:

(1) Transmittal Letter (1 page)

(2) Response under 37 C.F.R §1.111 (13 pages)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filing fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-5799.

Sincerely

Rog# S. Burleigh / Intellectual Property Counsel

RSB/jw



AMENDMENT TRANSMITTAL LETTER (Large Emity) Applicant(s): Carl Fredric Ulf Kronsstedt						Docket No. P12030-US1	
		g Date er 29, 2000	_	Examiner Wanda Eugene		Group Art Unit 2666	
Invention: Method and an Arrangement Relating to Mobile Radio Systems with the Possibility of Switching Channel Coding Schemes							
TO THE ASSISTANT COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST #	NLIMBER E	EXTRA	RATE	ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS PE	KESENT .		FEE	
TOTAL CLAIMS	17 -	20 =		0 ×			
INDEP. CLAIMS	6	5 =		1 ×	\$86.	DD \$86.00	
Multiple Dependent Claims (check if applicable)							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$86.00							
 No additional fee is required for amendment. Please charge Deposit Account No. 50-1379 in the amount of \$86.00 A duplicate copy of this sheet is enclosed. A check in the amount of to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379							
Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11 Plano, TX 75024 Thereby certify that this correspondence is boding deposited with the United Sates Protein Service with STRICtion peakage for First other Parents, P. O. Ben 145th, Alexandria, VA. 22313-145th, or heing frantistic transmitted to the USPTO. on the date indicated helaw. Signicator Jacquella Wilson 06/24/04 CC: Depositor's Name and Date							